## BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD	נ
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	Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
ТО	TAL CLAIMS		27				R	ATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
ТО	TAL CHARGEAE	BLE CLAIMS	27 minu	ıs 20=	.7		×	\$ 9=		OR	X\$18=	126	
IND	EPENDENT CL	AIMS	C\ min	us 3 =	i l		X	40=		OR	X80=	SO	
MULTIPLE DEPENDENT CLAIM PRESENT								135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						<u> </u>	OTAL		OR	TOTAL	916		
CLAIMS AS AMENDED - PART II OTHER THAN													
(Column 1) (Column 2) (Column 3)							SN	SMALL ENTITY			SMALL	11	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	Care S	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	]   x	\$ 9=		OR	X\$18=		
MER	Independent	*	Minus	***		=	X	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	135=		OR	+270=		
				ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE					
		(Column 1)		<u>)</u>									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	P	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=	]   x	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	<del>T</del> OLABA	=	_ _   ×	40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
		ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE							
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C	٠	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	B	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	_	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***			×	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=		
	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, wri	ite "0" in co	olumn 3.		TOTAL	<u> </u>	4	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												<u></u>	

FORM PTO-875